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Birthing Baby Blue

Beyoncé and the Changing Face of Celebrity Birth Culture

NATALIE JOLLY

When Beyoncé reported to *Vogue* (Gay 2013) that she “really [understood] the power of my body” and that she felt “no shame” and “a lot more confident” after her daughter’s vaginal unmedicated delivery, she challenged the birth narrative that has marked celebrity culture since Madonna opted for a cesarean delivery over two decades ago. With elective cesarean section long being the celebrity delivery method of choice and with nearly one in three babies being delivered via cesarean nationally, Beyoncé’s affirmation of unmedicated vaginal birth after her January 7, 2012, delivery of Blue Ivy Carter marks a watershed moment in celebrity culture and in mainstream birth culture more generally. In this essay, I look at three aspects of birth discourse that Beyoncé’s childbirth experience has challenged: pain avoidance as standard labor protocol, women’s general lack of body confidence and its manifestation in childbirth, and bodily shame in connection with birth. To do so, I analyze Beyoncé’s public commentary about her experience delivering Blue Ivy (in settings such as her March 2013 *Vogue* interview [Gay 2013] and her *Life Is but a Dream* [Knowles 2013] documentary) in light of both celebrity birth trends and current birth practices in the U.S. Beyoncé’s commentary can be read as a rejoinder to current trends in the medicalization of birth and to the increasingly common practice of celebrity cesarean. I argue that Beyoncé also draws on her birth experience to inform a new body politics, one based on bodily competency rather than body distrust/disgust. I use this analysis to suggest that Beyoncé’s departure from the celebrity pattern of cesarean delivery promises to open a space for a more diverse understanding of what contemporary birth culture might engender and how such a refiguring may challenge notions of conventional femininity.

Madonna's confession, during her labor in 1996, that she "just want[s] this to be over" and that she "can't bear this" (Taraborrelli 2001, 281) led not only to her decision to deliver via cesarean, but portended the changing nature of celebrity birth culture. "Let's just have a C-section," said Kate Hudson of her 2004 delivery (Calanni 2011). "I have a feeling I'm going to have an operation," said Britney Spears just before her 2005 cesarean delivery of her first son (Millea 2005). "It ended up being the greatest thing," reported Angelina Jolie of her first cesarean delivery of her daughter in 2006 (Tracy 2009, 98). "I don't want any surprises," said Christina Aguilera when discussing her motivation for scheduling her son's 2008 cesarean delivery (Wihlborg 2008). "It all turned out perfectly," declared Pink of her daughter's 2011 cesarean birth (Staff 2011). And after her fourth cesarean in 2011, Spice Girl Victoria Beckham's surgical deliveries have prompted pundits to ponder, are celebrities too posh to push? (Song 2004).

Celebrity practices are often an augury of coming social trends, and this has certainly held true for birth, where delivery via cesarean section has grown tremendously during the last fifty years. In 1965, the cesarean rate was 4.5 percent, growing to 22.5 percent by 1985 (Taffel, Placek, and Liss 1987). Today, nearly one in three babies are delivered via cesarean section, making it the most common surgery in America (Quinlan 2015). Developments in fetal monitoring technology and a more widespread surveillance of the fetus during labor has corresponded with a higher rate of cesarean section, as has policies that mandate subsequent cesareans after an initial cesarean (Taffel, Placek, and Liss 1987, Anderson 2004). In addition, fear of litigation, a decrease in the practice of forceps delivery, and medical insurance mandates are also thought to be behind the steady rise in cesarean delivery. Still others have suggested that maternal request, or patient-choice cesarean, is driving c-section numbers upwards (Weaver, Statham, and Richards 2007). Each of these factors has, to some degree, fostered a climate favorable to surgical delivery and led to an increase in the medicalization of childbirth.

The rising rate of cesarean delivery is of concern for a variety of reasons, not the least because of the dangers it poses to mother and baby (Morris 2013). With a longer recovery time, higher rates of infection, risk of blood clots and increased complications during future pregnancies, cesarean section poses serious maternal risk. Infants delivered via cesarean section face both short-term risks associated with lung and breathing complications and long-term risks of hospitalization from conditions ranging from asthma and juvenile rheumatoid arthritis, to inflammatory bowel disorder, immune system defects, leukemia and other tissue disorders during their lives (Sevelsted 2015). Since 1985, the international healthcare community has considered a national cesarean rate of 10 percent to be ideal, and the rising rate of surgical delivery continues to be of concern (WHO 2015). Because of the increased

health risks that cesarean section poses to both mother and child, it is of interest that the procedure continues to enjoy such prominence. Why do women increasingly see surgical delivery as a viable, even desirable, method of delivery despite the pernicious risks associated with it? Does the practice of “celebrity cesarean” (Jolly 2007) normalize or possibly even incentivize surgical delivery for women? Certainly an examination of “the context and the milieu in which women give birth” is necessary, particularly because “the very concept of informed choice and consent can seduce us into believing that choice exists as an independent, value-neutral entity that is not influenced or constructed by the surrounding context and culture” (McAra-Couper, Jones, and Smythe 2012, 94). Below, I analyze the cultural environment within which women find themselves to understand why medicalized birth and surgical delivery may have such wide appeal. I consider whether Beyoncé’s testimony can be read as a response to and critique of these normative birth practices. Certainly the cultural currency commanded by a celebrity such as Queen Bey suggests that her actions are more than just simple deeds. I consider “the Beyoncé effect,” and wonder what her disavowal of the celebrity cesarean means for birth norms.

*Beyoncé: “Everything that scared me
just was not present in that room”*

When Britney Spears famously declared in a 2005 *Elle* magazine interview that she “[did not] want to go through the pain” (Millea 2005) of vaginal childbirth, her words gave voice to a growing sentiment: the pain associated with labor and vaginal delivery was frightening, hence her decision to electively schedule a cesarean delivery for her son. Four out of five pregnant women experience fear of childbirth, with 20 percent experiencing a “clinical fear of childbirth” severe enough to pose complications to their pregnancy and/or their delivery (Saisto and Halmesmäki 2003, 202). And while not all cesarean deliveries are scheduled, there is growing evidence that “fear of giving birth vaginally [has] emerged as the primary reason to request a cesarean section” (Fenwick et al. 2009, 395). Why has vaginal birth become so frightening, and how might we “interrogate and problematise the milieu in which birthing decisions are made so to avoid slipping into a sensibility that birth is socially decontextualized and that all caesareans are freely chosen?” (Bryant et al. 2007, 1200). In this section I explore the fear of pain associated with childbirth and consider the consequences of pathologizing birth anxiety. Beyoncé’s experience can be read as a puissant retort, and I suggest that she creates space for an alternative to a celebrity birth culture built on fear and anxiety.

Jessica Simpson told Jay Leno that “labor is really going to hurt” just before deciding to forego vaginal delivery and instead schedule an elective cesarean for her daughter in 2012 (and later, her son in 2013). Fear of the pain associated with labor and delivery is not new, but this widespread anxiety seems to render conventional pre-birth jitters quaint by comparison. And because birth is seen as a biomedical event to be managed, it is increasingly common “to treat women’s fear of childbirth by offering a greater range of medical controls and technology” (Nilsson and Lundgren 2009, e8). Thus, birth anxiety has become a personal malady, an artifact of individual psychological distress that can be addressed at the scale of the individual rather than the social. Psychotherapies and cognitive therapies designed to treat women suffering from clinical fear of childbirth (also called *tokophobia*) have been gaining popularity because of their ability to “focus on one target problem with the active role of the therapist and [reformulate] the problem in a limited time” (Saisto and Halmesmäki 2003, 205). What has been missing is an examination of the social and cultural features that may foster and exacerbate women’s fear of pain and more general anxiety about childbirth. Failure to situate tokophobia within a wider social context risks dismissing birth anxiety as an individual particularism and risks pathologizing women’s bodily experiences. “That women may see the pain, work, and the indignities of vaginal birth as distasteful and unfeminine should be of little surprise in a culture of femininity that inoculates women against a sense of body—and self-confidence” (Jolly 2015). Thus the allure of the celebrity cesarean stems in some part from a desire to “give birth like a girl” (Martin 2003). Tokophobia and the pain-avoidance practices it motivates are likely emblematic of a femininity which reinforces women’s fragility.

So when Beyoncé spoke publicly (and positively) about her unmedicated vaginal birth, she challenged existing celebrity birth conventions and replied more generally to the cultural anxiety that increasingly characterizes vaginal birth as fearsome. In 2012, she released the statement: “Hello Hello Baby Blue! We are happy to announce the arrival of our beautiful daughter, Blue Ivy Carter, born on Saturday, January 7, 2012. Her birth was emotional and extremely peaceful, we are in heaven. She was delivered naturally at a healthy 7 lbs and it was the best experience of both of our lives” (Finn 2012). Her statement showcased Blue Ivy’s natural delivery without couching the experience in terms of pain or anxiety. In not choosing a celebrity cesarean, Beyoncé opened a space for considering the positive potential of unmedicated vaginal delivery, one centered on peace and emotion rather than fear.

In a 2013 *Vogue* magazine interview, Beyoncé expanded on this sentiment and truly reveled in the physicality of her unmedicated vaginal delivery. She stated,

I felt very maternal around eight months, and I thought I couldn't become any more [maternal] until I saw the baby. But it happened during my labor because I had a very strong connection with my child. I felt like when I was having contractions, I envisioned my child pushing through a very heavy door [Gay 2013].

In her discussion of Blue Ivy's birth, Beyoncé focused on her maternal connection to her daughter and prioritized that over her own nervousness and/or anxiety about the delivery. For her, the pain associated with labor did not warrant discussion; instead Beyoncé focused on her ability to imagine labor from her daughter's perspective, and empathized with her baby. The strong and no doubt painful experience of unmedicated vaginal birth, then, became—for Beyoncé—a way to deepen her connection to her daughter and widen the experience beyond her own perspective. In doing so, she challenged the conventional celebrity practice of equating vaginal delivery with fear. Instead she asserted that, rather than something to avoid, an unmedicated vaginal delivery has positive potential.

Beyoncé drove this point home, stating, "I imagined this tiny infant doing all the work, so I couldn't think about my own pain[....] We were talking. I know it sounds crazy, but I felt a communication" (Gay 2013). Here Beyoncé more explicitly demanded that the conversation not center on her individual experience of pain. For her, the physicality of her delivery fostered the context within which she could communicate with her baby. The pain of labor was not something to avoid through medication or through surgery; instead, the pain allowed Beyoncé a moment of bonding that she clearly relished. In discussing Blue Ivy's birth in this way, Beyoncé has mapped out new terrain, refusing to frame the discussion in terms of pain and her own birth anxiety. Beyoncé acknowledged that pain and anxiety play a role in childbirth, but rejected the fear-based narrative that has characterized celebrity birth, stating, "My family and my closest people were there when I gave birth. Everything that scared me just was not present in that room" (Gay 2013). In doing so, she reframed the conversation to center the positive potential of the pain, what it allowed for rather than what it cost. Beyoncé acknowledges that fear may be present in the birthing room, but fear was not a sentiment that she would allow to characterize her birthing experience.

Beyoncé responds to the tokophobia that increasingly characterizes celebrity birth culture by saying, "So for me to really let go and really appreciate every contraction. It was the best day of my life" (Gay 2013). Beyoncé's birth story asks that we consider the unrealized potential of unmedicated delivery. In doing so, we must reckon with conventions that have normalized (and even celebrated) cesarean delivery and have made pain avoidance during labor *de rigueur*. The deep connection Beyoncé was able to establish with her daughter, her ability to expand her perspective beyond her own experience,

and her willingness to find value in the pain and even “appreciate every contraction” (Gay 2013) created space for an alternative to a celebrity birth culture built on fear and anxiety. In framing her birth story in this way, Beyoncé veered away from the tokophobic assumptions that have normalized pain avoidance as a customary part of birth culture. She not only challenged the precedent of celebrity cesarean, she also asked that we consider the positive potential of non-medicated delivery. What can we learn about female embodiment from Beyoncé’s experience of vaginal birth?

Beyoncé: “Right now, after giving birth, I really understand the power of my body”

Body dissatisfaction is a hallmark of celebrity culture. No body part is spared examination in the parade of bodily scrutiny. “My breasts are saggy, I’ve got cellulite, my hips are bigger [...] every actress out there is more beautiful than me” (OK! Staff 2010). So opined Jessica Alba about her celebrated body, and she is not alone in focusing a critical eye on herself. “I have so much saggy skin on my stomach and I have no bum at all,” complained Victoria “Posh Spice” Beckham (Morton 2007, 260). Britney Spears lamented, “I wish my hair was thicker, and I wish my feet were prettier. My toes are really ugly. I wish my ears were smaller. And my nose could be smaller, too” (Heatley 2008). Angelina Jolie was certain that her legendary lips “take over my whole face” (US Weekly 2011). “I have a love/hate relationship with my body,” said Madonna of her feted figure (ET Online 2014). Such sentiments are prosaic, and body aversion animates women’s lives both on the red carpet and off. An undermining of body confidence is a cornerstone of normative femininity, as is a romanticization of weakness, passivity and docility. *Über alles*, women are not buoyed by their relationship to their body, and femininity does not telegraph strength. In this section, I chart the goals and ambitions that animate normative femininity and explore how these norms lie in perfect sympathy with surgical delivery. I offer Beyoncé’s thoughts on Blue Ivy’s delivery as a rejoinder to a culture of femininity that privileges body critique over body confidence.

How does the physical experience of childbirth align with the tenets of normative femininity? Certainly the carapace of femininity imposes a particular architecture, a tyranny of nice and kind (Gilligan 1982) that celebrates women’s docility and weakness, even during seemingly biological experiences such as birth. It would seem that gender norms permeate women’s experiences of childbirth, causing them to “give birth like a girl” (Martin 2003) and to manifest the all the punctilio of femininity within the experience. Coupled with the pseudo-romantic notion of women being rescued from difficulty,

this politics of passivity poses a paradox to birthing women. How do women confront the physicality of labor and vaginal delivery within the context of a femininity that undermines their ability to do so? “That normative femininity devalues a woman’s ability to endure pain, to work hard, and to prevail in the face of adversity and instead celebrates a woman’s rescue from difficult situations has material consequences for her bodily experience of birth” (Jolly 2015). The gestalt of femininity, then, is more than merely a lack of body confidence or a celebration of fragility. It is a pervasive social context within which women are left with little to help them navigate the physically demanding terrain of unmedicated childbirth and without a language to speak of the possible benefits that might result from such an encounter.

The fingerprints of femininity are easy to spot when celebrities such as Christina Aguilera reported an elective cesarean delivery motivated by not “want[ing] any [vaginal] tearing.” “I didn’t want any surprises” (Wihlborg 2008), said Aguilera of her decision to schedule her son’s cesarean delivery. Femininity is the counterpoint to strength, perseverance and capacity, and the sense that the female body does not work—cannot work—pervades even a woman’s expectations about birth. And yet, Beyoncé does not seem to brook such sentiments, building an empire on her legendary Stakhanovitian work ethic while still managing to personify all that is emblematic of normative femininity. “I just feel my body means something completely different” (Gay 2013), said Beyoncé after her daughter’s delivery, in response to a culture that continues to praise her body for its decorative properties. “Right now, after giving birth, I really understand the power of my body” (Gay 2013). In couching the discussion in terms of power and a new bodily knowledge, Beyoncé found that her unmedicated vaginal delivery of Blue Ivy offered her something novel: a conception of femininity based on bodily achievement rather than on the body as adornment. For Beyoncé, birth enabled the creation of a new way to know her body, one where the female body was measured by its ability to be powerful rather than as an object for consumption. She dismissed the conventional metric of femininity, stating, “Even being heavier, thinner, whatever. I feel a lot more like a woman” (Gay 2013). Rejecting an orthodox definition of womanhood centered on body size and appearance, Beyoncé drew on her birth experience to refigure what it means to be a woman based on physical prowess.

Beyoncé’s new definition of femininity incorporates physical endurance, bodily capacity, perseverance, and success, attributes not conventionally associated with womanhood. “It comes from knowing my purpose and really meeting myself once I saw my child,” Beyoncé explained. “I was like, ‘OK, this is what you were born to do.’ The purpose of my body became completely different” (Ellison 2013). What well and truly is the purpose of a woman’s body? If the dictates of femininity normalize the female body as ornament,

then asking a woman to use her body as an instrument poses an inconsistency. This disconnect was made more stark when Beyoncé gave birth, as she was forced to juxtapose the decorative body with the laboring body. That she rejected the body as object is telling, as is the value she finds in recuperating the laboring body. “I feel a lot more confident about it,” said Beyoncé of her body after her daughter’s birth (Gay 2013), begging the question: what might be possible if femininity was conceived of as competency, of prevailing over adversity, of being physically dexterous and intrepid? And if gender norms allowed for a femininity steeped in body confidence, might women be able to carry that outlook to other aspects of their lives?

*Beyoncé: “More feminine, more sensual.
And no shame”*

“I felt like a complete failure.” So admitted Kate Winslet after her daughter’s cesarean delivery. “My whole life, I’d been told I had great child-bearing hips,” said the British actress, who reported feeling “traumatized” by not being able to “handle childbirth” (Reynolds 2013). Unable to reconcile the aesthetic body with the laboring body, Winslet lied about her cesarean delivery and confessed, “I’ve gone to great pains to cover it up.” Only after vaginally delivering her son four years later does Winslet come clean about the ruse, calling her second labor and delivery “amazing.” “It was an incredible birth. It was really triumphant” (Reynolds 2013). Winslet’s embarrassment at not joining what she termed “the powerful women’s club” nods at the larger culture of femininity, in which shame plays a leading role. “Shame, as what we might call a primary structure of a woman’s lived experience [...] becomes integral to a generalized sense of inferiority of the feminine body-subject” (Kruks 2001, 64–65). From menses to menopause, femininity seems architected upon bodily shame writ large (Schooler et al. 2005, Bessenoff and Snow 2006).

In navigating a culture where menstruation is suppressed and menopause is medicated, women are left with “the perception of female physiology—and thus womanhood—as inherently flawed” (Moloney 2010, 156). A sense of bodily shame has become an insignia of femininity, and suggests women not trust the biological functioning of their bodies. Within this cultural milieu, women become fluent in the knowledge of bodily distrust, and birth becomes yet another moment where that bodily shame metastasizes to the point of undermining a woman’s confidence in her body’s ability. Beyoncé offered a retort in stating that her unmedicated vaginal birth left her feeling “more feminine, more sensual. And no shame” (Gay 2013). In refusing to countenance the parameters of conventional femininity, Beyoncé is impenitent about her female body. Rather than adhere to an anorexic version of

femininity prefaced on bodily shame, Beyoncé deftly plucks body distrust out from the tenets of womanhood. Much like Kate Winslet's "triumphant" birth discussed above, Beyoncé's response to her birth experience suggested that unmedicated birth might allow for one possible conception of femininity built on bodily capacity rather than bodily distrust.

In bringing the laboring body, the capable body, the strong and successful female body into her definition of femininity, Beyoncé was able to recast the feminine as aptitude rather than liability. Such a refiguring liberated Beyoncé from the tenets of conventional femininity: "I don't feel like I have to please anyone. I feel free" (Gay 2013), she said, in reflecting on her birth experience. In particular, Beyoncé seemed to see her birth experience as a rejoinder to the infantilizing nature of femininity, claiming, "I feel like I'm an adult. I'm grown" (Gay 2013). In drawing on the embodied experience of delivering her daughter, Beyoncé articulated a femininity laden with power. Her birth experience allowed her to appropriate aspects of conventional masculinity into her revised conception of femininity, saying, "I can do what I want. I can say what I want" (Gay 2013). What was it about her unmedicated vaginal birth that allowed for such a transformation, particularly one that had such resonance even after Beyoncé had left the delivery room? Rather than becoming another moment of manifested bodily shame, birth for Beyoncé was instead an opportunity to stare down the barrel of conventional gender norms. In doing so, she put normative femininity in her crosshairs and pulled the trigger. Indeed the ramifications of this revisioned femininity left no part of her perspective unmarred, and she pushes further, saying, "I can retire if I want. That's why I've worked hard" (Gay 2013). The physicality of birth reminded Beyoncé of what she was capable: hard work. Her sense of accomplishment translated beyond Blue Ivy's delivery. It served as a cauterizing truth and one that demanded a more capacious understanding of what it means to be a woman today.

Beyoncé voiced her dissatisfaction with a femininity that had not lived up to its billing. It was in the bodily experience of pregnancy and birth that she found relief from the confines of conventional femininity, stating, "There is something so relieving about life taking over you like that" (Knowles 2013). Which poses an interesting question: Who (or what) was this "you" that was taken over? It would appear that Beyoncé is nodding to the normative "you" that is lost in the briar patch of gender conventions, the "you" of a desiccated femininity. "Bodies have all the explanatory power of minds" (Grosz 1994, vii), Elizabeth Grosz reminds us, and Beyoncé is relentless in her admonition that we take seriously the potential of birth to refigure what it means to be a woman in this world. "You're playing a part in a much bigger show," said Beyoncé of her experience birthing Blue Ivy. "And that's what life is. It's the greatest show on earth" (Knowles 2013). What might be possible if the

birthing body became primary (Sullivan 2001, 2), not in a reductionist way that equates all women with the reproductive capacity of their bodies, but instead in a way that attends to the corporeality of female existence within a culture of femininity fraught with shame?

Beyoncé: “I felt more powerful than I’ve ever felt in my life”

In reflecting on Blue Ivy’s birth, Beyoncé said, “It’s just magical. It makes me so proud to be a woman because it’s just unexplainable what happens to your body—it’s incredible” (Chiu 2012). In a culture where women’s bodies are valued as ornament, and where the physiology of the female body is seen as shameful and grotesque, is it an act of magic for a woman to have a positive experience of female embodiment? Her unmedicated vaginal delivery allowed Beyoncé to feel “connected to my body” (Chiu 2012) in a way she hadn’t previously. Beyoncé sums up her birth experience by stating, “I felt like I knew my purpose in the world” (Chiu 2012). Birth, for Beyoncé, offered new possibilities for femininity. In particular, her unmedicated vaginal delivery allowed Beyoncé to construct a femininity girded by body confidence and self-assuredness. Rather than cast labor as something to fear or to avoid, Beyoncé asks women to consider the liberatory potential of an unmedicated vaginal birth. She concluded that after Blue Ivy’s birth she “felt more powerful than I’ve ever felt in my life” (Chiu 2012). Such lauding of unmedicated vaginal delivery is a stark reply to the practice of celebrity cesarean and the culture of surgical delivery that has increasingly come to characterize birth today. Beyoncé offers us a way to heed the World Health Organization’s (WHO 2015) charge to lower cesarean rates, and in doing so asks that we refigure femininity in the process.

Beyoncé’s birth of Blue Ivy allowed her an opportunity to define femininity in terms of physicality rather than desirability, passivity, shame or any of the other tenets of conventional femininity. Her experience laboring and delivering her daughter permitted her a glimpse into what might be possible if femininity endorsed a conception of self predicated on strength and tenacity. “The purpose of my body became completely different,” said Beyoncé after her daughter’s birth. “The way I view it and everything. There’s a sensuality and an audacity that I’m OK with sharing. And I’m not uncomfortable about it. I’m not shy about it” (Ellison 2013). For Beyoncé, then, birth stripped away the veneer of conventional femininity, and returned the possibilities of her body to her. In a society that champions the aesthetic value of the female body over all else, it is indeed an audacious claim to redefine femininity in terms of physicality, strength, fearlessness and confidence. In her refusal to

apologize for embracing this newfound confidence, Beyoncé adroitly sculpts a feminine defiance that errors on the side of audacity and makes legible the constraints of conventional femininity.

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The Beyoncé Effect

Essays on Sexuality, Race and Feminism

Edited by ADRIENNE TRIER-BIENIEK

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